## Appendix D

## LIFE SETTLEMENT BROKER'S DISCLOSURE FORM

## IMPORTANT – READ THIS DISCLOSURE FORM BEFORE SIGNING ANY LIFE SETTLEMENT CONTRACT.

The life settlement broker is representing you in this transaction and has a duty to act in your best interest. The life settlement broker must provide you with at least the following disclosures prior to the time you sign the life settlement contract. You should carefully read all the following points and seek financial, insurance, tax and other advice where appropriate.

1.	The name, business address and telephone number of the life settlement broker are as follows:		
	A full, complete and accurate description of all offers, counteroffers, acceptances and rejections relating		
2.	to the proposed life settlement contract (including name of party, date made, price and any other material terms) is:		
	[ ] Attached		
	[ ] As follows:		
3.	The affiliation or contractual arrangements between the life settlement broker and any person making an offer in connection with a proposed life settlement contract are as follows:		
	[ ] None [ ] Attached [ ]		
	Policy Owner's Initials:		
4.	The amount, method of calculation and the party who is responsible for paying the broker's compensation are listed below. The term "compensation" includes anything of value to be paid or given to a life settlement broker for the placement of a policy.		
5.	Where any portion of the life settlement broker's compensation is taken from a proposed life settlement offer, the total amount of the life settlement offer and the percentage of the life settlement offer comprised by the life settlement broker's compensation are:		
	[ ] N/A		
	[ ]		

## LIFE INSURANCE POLICY OWNER'S ACKNOWLEDGMENT: I have read and fully understand this disclosure form and have received a copy to keep for my records.

LIFE INSURANCE POLICY OWN	ER JOINT LIFE INSURANCE POLICY (	OWNER
By:	By:	
Printed Name	Printed Name	
Date:	Date:	
LIFE SETTLEMENT BROKER		
This form was prepared by:		
	Printed Name/Title	
	Date:	